

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/543141

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		1
3		2		1		1
4		2		1		1
5		2		1		1
6		2		1		1
7		2		1		1
8		2		1		1
9	1		1		1	
10	1		1		1	
11		2		1		1
12		2		1		1
13		2		1		1
14		2		1		1
15		2		1		1
16				1		1
17				1		1
18				1		1
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TOTAL IND.	3	↓	3	↓	3	↓
TOTAL DEP.	14	←	22	←	22	←
TOTAL CLAIMS	17		25		25	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						